

**PART B—ISSUE FEE TRANSMITTAL**

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
WELLS, HENRY, STOUT & GRAUS 1610 NORTH SEVENTEENTH STREET ARLINGTON, VA 22209		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08147038	02/01/95	817	2511/1027	02/01/95
First Named Applicant: RICHARD C. FORD				

**TITLE OF INVENTION:** RANDOM ADDRESS MEMORY USING IMPERFECT ISOLATING TRANSLATIONS (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
628-30850X1	065-268 308	173	01/1/95	YES	805.00	02/01/95

3. Correspondence address change (Complete only if there is a change) PASCAL & ASSOCIATES P.O. Box 11121 Station H Nepean, Ontario Canada, K2H 7E8	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.  1 <u>Pascal &amp; Associates</u> 2 _____ 3 _____
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(1) NAME OF ASSIGNEE: Mosaid Technologies Incorporated		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Kanata, Ontario, Canada		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Authorized Signature) <u>E. E. Parent</u> (Date) <u>1/24/95</u>	
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

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## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.